



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "A" PRIOR TO ACTION

APPLICANT: Uwe BÖTTCHER et al CONFIRMATION NO.: 1259

SERIAL NO.: 10/810,363 GROUP ART UNIT: 2862

FILED: March 26, 2004

TITLE: "HYBRID CSI PROCEDURE"

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR:

Applicants herewith amend the above-referenced application as follows, and request entry of the Amendment prior to examination on the merits.



TELEPHONE (312) 258-5500

SCHIFF HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

GROUP ART UNIT: 2862

In re application of: Uwe Böttcher et al

SERIAL NO.: 10/810,363

EXAMINER:

FILED: March 26, 2004

CONFIRMATION NO.: 1259

**TITLE: "HYBRID CSI PROCEDURE"
AMENDMENT "A" PRIOR TO ACTION MAIL STOP NON-FEE AMENDMENT**

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*11	MINUS	**20	X 2	() X 9.00 () X 18.00	\$00
INDEP. CLAIMS	*1	MINUS	3	X	() X 40.00 () X 80.00	
Application amended to contain any multiple dependent claims not previously paid for.			() YES () NO		() \$135.00 () \$270.00 ONE TIME	
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		\$00	

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

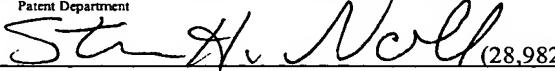
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated ____ for ____ months so that the period for response is extended to _____. A check in the amount of \$____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$____ is attached.
- A check for \$____ accompanying IDS under 37 CFR 1.97(c) is attached
- A check for \$____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

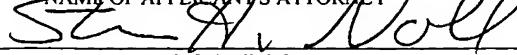
Patent Department

BY  (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on July 19, 2004.

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY



SIGNATURE

July 19, 2004

DATE